COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

QUAD FLAT NO-LEAD PACKAGE STRUCTURE AND MANUFACTURING METHOD THEREOF

the specification of	which			
X is attached he was filed on	ereto.			
as Application	Serial No.	and was amended on_		
specification, included a acknowledge application in according to the foreign application (specification).	ling the claims, as the duty to disc dance with Title 3 n foreign priority s) for patent or in tion for patent on n priority is claime	viewed and understood the samended by any amendme close information which is mader, Code of Federal Regulation benefits under Title 35, Univentor's certificate listed below inventor's certificate having ed:	ent referred to above aterial to the patent ons, § 1.56(a). nited States Code, ow and have also id	e. tability of this § 119 of any dentified below
Number	Country	Date Filed(yyyy/mn	m/dd) Yes	No
92127758	Taiwan, R.C	O.C. 2003/10/7	×	
	s in the Patent ar	rney(s) and/or agent(s) to paid Trademark Office connected Reg. No. 46,863) Reg. No. 53,226)	• •	ication and to
SEND CORRESP	PONDENCE TO:		T TELEPHONE CAI	

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COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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